



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DAM AND RESERVOIR SAFETY

APPLICATION FOR SAFETY PERMIT

DATE

PART I - GENERAL INFORMATION

OWNER(S) NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (REQUIRED)

()

NAME OF DAM

ID NUMBER

MO

COUNTY

LOCATION OF DAM AT CENTERLINE AT MAXIMUM SECTION

SECTION , TOWNSHIP NORTH, RANGE E/W

APPROXIMATE UTM COORDINATES

N

E

DAM HEIGHT

RESERVOIR AREA

PURPOSE OF DAM AND RESERVOIR

OWNER'S ENGINEER

REG. NUMBER

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (REQUIRED)

()

ATTACHED DOCUMENTS (NOTE: THIS APPLICATION IS NOT COMPLETE WITHOUT ADDRESSING PART II.)

PART II - AS BUILT PLANS*

SUBMIT TO: Department of Natural Resources
Geological Survey and Resource Assessment Division
Dam and Reservoir Safety
P.O. Box 250
Rolla, Missouri 65402
(573) 368-2175

* SEE RULES AND REGULATIONS FOR CLARIFICATION